

Policy no.

Claim no.

In CANADA: Global Excel Management Inc., 73 Queen Street, Sherbrooke, QC J1M 0C9 / In U.S.A.: Global Excel Management Inc., P.O. Box 10, Beebe Plain, VT 05823

SECTION A CLAIMANT INFORMATION (Please print)

SECTION B OTHER INSURANCE INFORMATION

AS INDICATED IN YOUR POLICY, YOUR TRAVEL INSURANCE PLAN PROVIDES COVERAGE IN EXCESS OF YOUR PROVINCIAL HEALTH INSURANCE PLAN AND ANY OTHER APPLICABLE INSURANCE. FOR GLOBAL EXCEL MANAGEMENT INC. TO SEEK REIMBURSEMENT FROM THESE SOURCES, YOU MUST COMPLETE THE FOLLOWING SECTIONS.

SECTION C AUTHORIZATION TO PHYSICIANS, HOSPITALS, AND OTHER MEDICAL PROVIDERS

- | | |
|--|------|
| Patient's or authorized person's signature | Date |
|--|------|

Fraud Verification A:

Fraud Verification B:

Your travel insurance plan provides coverage **in excess** of your provincial health insurance plan and any other applicable insurance. After reconciling eligible claims with the health care providers we must seek reimbursement through your provincial Health Ministry for a portion of the amount which we will have paid. In order to do so we must request that **you sign the Statement of Agreement & Understanding below.**


STATEMENT OF AGREEMENT & UNDERSTANDING:

I, _____, having read the above, agree to forward to Global Excel Management, Inc. any reimbursement received from my provincial health insurance plan, health number _____, for all claims paid by Global Excel Management Inc. and to exchange information that facilitates this process.

CLAIMANT’S OR AUTHORIZED PERSON’S SIGNATURE _____

DATE _____

Important: Accurately completing all details will assist us in settling your claim promptly. Please attach original bills or receipts you may have in your possession. We recommend you keep copies for your own records.

 For claim, inquiries call: **1-800-336-9224** or **819-566-8698.**